| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | Sm | | 10/1/00 |
| O.I.P.E. CLASSIFIER | | 10 | 10-6-00 |
| FORMALITY REVIEW | C.Y.C. | JC53° | 11-01-00 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| ✓ | Rejected | N | Non-elected |
|---|---|---|---|
| = | Allowed | I | Interference |
| – (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

If more than 150 claims or 10 actions
stapl  additional sheet her

(LEFT INSIDE)